

| | | | | | | ı | | | | |
|--------------|---|---|--|------------------------|----------------|-------------------|-------------------------|------------------------|-----------------------------|---|
| | in this information to identify your optor 1 Angelina Ge | | | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | | |
| Unit | ted States Bankruptcy Court for the | e: _EASTERN DISTRICT | OF PENNSYLVANIA | \ | | | | | | |
| Cas | e number 20-13311 | | | | | Check if this | is: | | | |
| (If kn | own) | | - | | | | U | | petition chapter g date: | |
| Of | ficial Form 106I | | | | | MM / DI | / YYYY | | | |
| Sc | chedule I: Your Inc | ome | | | | | | | 12/1 | 5 |
| supp spou | s complete and accurate as posolying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not fili ur spouse is not filing w | ng jointly, and your s ith you, do not includ | spouse is de inforn | s liv natio | ing with you, i | clude info pouse. If | ormation more spa | about your ace is needed, | n |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debte | or 2 or non | ı-filing sp | oouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | ☐ Er | ployed | | y spouse | |
| | information about additional | р.о,о о.ш.ш | ☐ Not employed | | | □ No | t employed | Ł | | |
| | employers. | Occupation | self employed | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | | |
| | mate monthly income as of the dise unless you are separated. | ate you file this form. If | you have nothing to re | eport for a | any I | ine, write \$0 in | he space. | Include y | our non-filing | |
| | u or your non-filing spouse have mespace, attach a separate sheet to | | ombine the information | n for all e | mplo | oyers for that pe | rson on the | e lines bel | low. If you need | |
| | | | | | | For Debtor 1 | | Debtor 2 of filing spo | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.0 | 0 \$ | | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.0 | <u> </u> | | N/A | |

4. Calculate gross Income. Add line 2 + line 3.

0.00

N/A

| Debtor 1 | | Angelina Geiger | | | | Case number (if known) | | | 20-13311 | | |
|----------|-----------------------|---|----------|------------|----------------|------------------------|----------------------|-----------|----------------------|---------------------|------------------|
| | | | | | For | Debtor 1 | | | Debtor a-filing s | | |
| | Cop | y line 4 here | 4. | | \$ | | 0.00 | \$ | 9 | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | | |
| ٠. | 5a. | Tax, Medicare, and Social Security deductions | 5a | a. | \$ | | 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$_ | | 0.00 | \$- | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 56 | €. | \$ | | 0.00 | \$ | | N/A | - |
| | 5f. | Domestic support obligations | 5f | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 50 | J. | \$ | | 0.00 | \$ | | N/A | = |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | | 0.00 | + \$ _ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | | 0.00 | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | (| 0.00 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income. | 0. | | ¢ | 1 600 | n 00 | ¢ | | N/A | _ |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$ | 1,60 | | \$_ \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | <i>)</i> . | Ψ | | 0.00 | Ψ_ | | N/A | _ |
| | | settlement, and property settlement. | 80 | . | \$ | (| 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 80 | | \$_ | | 0.00 | \$- | | N/A | _ |
| | 8e. | Social Security | 86 | | \$ | | 0.00 | \$ | | N/A | _ |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: food stamps | 8f 8g | | \$ \$ \$ | | 0.00 0.00 0.00 | \$ | | N/A N/A N/A | |
| | OII. | other monthly income. Specify. 1000 stamps | _ 01 | ı.∓ ⊢ | Ψ | 500 | J.UU | T \$ _ | | IN/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 2,100 | 0.00 | \$_ | | N/A | 4 |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2 | 2,100.00 | + \$ | | N/A | = \$ | 2,100.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | Į | | | | | | | | |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | , | • | | • | | ∍ <i>J</i> . +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$ | 2,100.00 |
| | | | | | | | | | | Combi month | nea ly income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | | | | | | | | | - |
| | | Yes. Explain: started salon, zoning to be complete 1/18/2022. | nce | cc | mpl | ete inco | me to | o incr | ease | | |

| Fill | in this info | rmation to identify yo | our case: | | | | | |
|-------------------|---------------------------------------|--|-------------------------------------|---|---|------------------|------------------------------------|---|
| | tor 1 | | | | | Chaal | e if this is: | |
| Den | tor i | Angelina Ge | iger | | | | t if this is: An amended filing | |
| Doh | tor 2 | | | | | _ | o . | ving postpetition chapter |
| | ouse, if filing | 1) | | | | | | the following date: |
| (-1 | , | ,, | | | | | | |
| Unit | ed States B | ankruptcy Court for the | EASTE | RN DISTRICT OF PENN | SYLVANIA | N | MM / DD / YYYY | |
| | e numbe r nown) | 20-13311 | | | | | | |
| O | fficial l | Form 106J | | | | | | |
| S | chedu | le J: Your | Exner | 1999 | | | | 12/15 |
| Be info nur | as comple ormation. nber (if kr | ete and accurate as If more space is ne nown). Answer ever | possible eded, atta y questio | . If two married people a ch another sheet to this | | | | |
| Par 1. | | escribe Your House joint case? | noia | | | | | |
| '. | ■ No. G | so to line 2. | | | | | | |
| | | Does Debtor 2 live i | n a separ | ate household? | | | | |
| | | ☑ No ☑ Yes. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expense</i> | es for Separate House | hold of Debto | or 2. | |
| 2. | Do you l | have dependents? | □ No | | | | | |
| | Do not lis Debtor 2 | st Debtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not st | tate the | | | | | | □ No |
| | | nts names. | | | child | | 12 | Yes |
| | | | | | | | | □ No |
| | | | | | child | | 17 | Yes |
| | | | | | - | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expense | expenses include es of people other the and your depende | han _ | No Yes | | | | |
| Est exp | imate you | of a date after the l | our bankr | uptcy filing date unless | | | | apter 13 case to report f the form and fill in the |
| | | | on-cash | government assistance | if you know | | | |
| the | | such assistance an | | cluded it on Schedule I: | | | Your expe | enses |
| 4. | | tal or home owners | | ses for your residence. | Include first mortgage | 4. \$ | | 0.00 |
| | | cluded in line 4: | J - | | | | | |
| | 40 0- | nal actata tayan | | | | 40 ° | | 0.00 |
| | | eal estate taxes operty, homeowner's | or rentor | 's insurance | | 4a. \$ 4b. \$ | | 0.00 0.00 |
| | | operty, nomeowners ome maintenance, re | | | | 40. \$ 4c. \$ | | 0.00 |
| | | omeowner's associat | | | | 4d. \$ | | 0.00 |
| 5. | | | | our residence, such as h | ome equity loans | 5. \$ | | 0.00 |

| Debtor 1 | Angelina Geiger C | ase numb | er (if known) | 20-13311 |
|-------------------------|---|----------|---------------|-------------------------------|
| 6. Utiliti e | es: | | | |
| | Electricity, heat, natural gas | 6a. | \$ | 400.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 50.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 250.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. Food | and housekeeping supplies | | \$ | 500.00 |
| 3. Childe | care and children's education costs | 8. | \$ | 0.00 |
| . Clothi | ing, laundry, and dry cleaning | 9. | \$ | 35.00 |
| 0. Perso | nal care products and services | 10. | \$ | 125.00 |
| 1. Medic | al and dental expenses | 11. | \$ | 0.00 |
| 2. Trans | portation. Include gas, maintenance, bus or train fare. | | | |
| | t include car payments. | 12. | \$ | 125.00 |
| 3. Enter | tainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| . Chari | table contributions and religious donations | 14. | \$ | 0.00 |
| 5. Insur a | ance. | | | |
| | t include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | | 200.00 |
| | Health insurance | 15b. | * | 0.00 |
| | Vehicle insurance | 15c. | | 0.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. Taxes | Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Specif | · | 16. | \$ | 0.00 |
| | Iment or lease payments: | | | |
| 17a. | Car payments for Vehicle 1 | 17a. | | 0.00 |
| | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| 17d. | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | • | 0.00 |
| | eted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | |
| | payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specif | · | 19. | | |
| | real property expenses not included in lines 4 or 5 of this form or on Schedu | | | 0.00 |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | | \$ | 0.00 |
| . Other | : Specify: | 21. | +\$ | 0.00 |
| Calcu | late your monthly expenses | | | |
| | add lines 4 through 21. | | \$ | 1,735.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | Φ. | 1,733.00 |
| | | | 5 | |
| 22c. A | dd line 22a and 22b. The result is your monthly expenses. | | \$ | 1,735.00 |
| 3. Calcu | late your monthly net income. | L | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,100.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 1,735.00 |
| 200. | 23p, 1233hthij 0/p0/1000 from mio 220 abovo. | _00. | | 1,733.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | | |
| | The result is your monthly net income. | 23c. | \$ | 365.00 |
| 4. Do yo For exa | u expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your mation to the terms of your mortgage? | | | ease or decrease because of a |
| □ No | _ | | | |
| ■ Ye | Explain here: resume mortgage payments 4/2022 | | | |